

City of Hampton PERSONNEL ADMINISTRATIVE PROCEDURES

DATE:	CHAPTER:	PAI No.
May 15, 2004	Five	1
REFERENCES:	SUBJECT:	
	Employment Offe	er Verification
Consent to Obtain and Authorization for Release of Information		
I hereby authorize to furnish information pertaining to my offer		
I nereby authorize to Turn (Name of Employer)	ish information pertaining to my	offer
of employment to the City of Hampton, including but not limited to position title and compensation.		
is hereby released from any and all legal responsibility or liability for the release		
(Name of Employer) of the information described.		
	that I have read the above stateme	ents or have had
I,, certify that I have read the above statements or have had (Print Name)		
them read to me and understand their legal effect.		
	G : 1 G : N 1	D :
Employee signature	Social Security Number	Date
Witness (Print Name)	Signature	Date
	2-8	
Name of Employer		
Point of Contact Name	Position	
Telephone	Fax	
(Note: This section should be completed by an appropriate representative of the potential employer.)		
1		
Department (If applicable)		
Title of Position Offered Annual Salary Offered		
Ailliuai Salai y Offereu		
Comments:		
(Completed by) (Date)		
(Completed by) (Date)		
(Title)		
Approved By:	Chapter No. PALN	lo. Page No.
Apploved by.	5 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dianne R Foster, Director of Human Resources	Revision Date:	ı
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